

camphor; these may be aided by enemata containing vinegar, or assafœtida, or, according to the advice of the English physicians, infusion of tobacco. As the fits become lighter, these means may be gradually discontinued, but it will be well to go on with the use of the musk in diminished doses for some time longer. The best strengthener, during the period of convalescence, is free exposure to mild and fresh air.

"The exclusive antiphlogistic treatment seems to me to be contraindicated by the temperament of the children in whom infantile asthma generally occurs; it has never produced any benefit in my hands, nor do I consider the use of what are called antiscrofulous remedies, of greater value, unless combined with the antispasmodics already mentioned, than which hyoscyamus, belladonna, and the sulphuret of potass, appear to be much less efficacious.

43. *Treatment of Typhus Fever by Purgatives.*—M. Andral some time since made a report to the French Academy of Medicine, on a work by M. De Larroque, on the treatment of Typhoid Fever by "Purgatives." This report, or rather the subject of it, gave rise to much discussion. The treatment consists in administering a *bottle of Seidlitz water daily* as long as the pyrexia lasts. If this disagrees with the patient, other laxatives, as calomel, cream of tartar, castor oil, &c., may be substituted. The beverage is either lemonade or rice water. Upon the whole, this treatment would seem, at least in mild cases, to have been followed by the average success; which appears to us to prove nothing more than that a large proportion of mild cases of typhoid fever, if not disturbed in their progress by perturbing remedies, will get well.

It is somewhat amusing to find our esteemed cotemporary, the Medico-Chirurgical Review, charging the French Academicians with ignorance or unfairness, in not once alluding to the labours of Dr. Hamilton in this department of medical practice. There is as little similarity between the so named purgative practice of M. De Larroque, Piedagnel, &c., and the purgative practice of Hamilton as there is between the infinitesimal doses of the homœopaths and the transcendently enormous doses of an eminent western Professor.

44. *On the treatment of Cholera.* By ROBERT J. GRAVES, M. D.—As spasmodic cholera seems likely to fix itself permanently in Europe, and has lost nothing of its original malignity, every practitioner is imperatively called on to communicate whatever he thinks may prove serviceable in its treatment. This disease prevailed epidemically to a fearful extent in Dublin in 1832 and 1834. In the former year my practice among cholera patients was very extensive, but by no means successful. In 1834, about the latter end of July, when the disease was raging most violently among the middling and better ranks of society, and at a time when I had very frequent opportunities of treating it, too often had I to regret the inefficacy of the means employed, and though aided by the advice of the most eminent members of the profession in Dublin, too often had I to witness the loss of cases, not apparently very dangerous when they began, and which seemed to leave full time for the employment of remedies, if such were known. Under these circumstances I lost an intimate and highly esteemed friend, Surgeon Ryan, of Camden-street. He was a young man, of vigorous health, and the late Mr. M'Namara, and I saw him many hours before any symptoms of collapse had set in; calomel and opium, blisters, frictions, sinapisms, stimulants, and all the most approved medicines, were diligently tried, but in vain; and from that moment I resolved to lay aside the mercurial treatment, which had so very often disappointed my expectations, although pushed to the greatest extent, and applied with the greatest activity and perseverance. During the preceding months of May and June, I had treated several cases of diarrhœa in fever with large doses of the acetate of lead, according to Dr. Bardsley's plan, and I had had frequent opportunities of admiring the efficacy of this salt in checking profuse alvine discharges. Just as Mr. Ryan died, and while my mind was filled with regret at our failure in his case, I was called by Dr. Percival Hunt to see a lady in Nassau-street, labouring under dysentery; I advised the free use of acetate of lead, and with marked success. Immediately after, I saw a case of cholera still in the stage of premonitory diarrhœa, or rather just passing from the bowel complaint into the fully formed disease. I tried the acetate of lead boldly, and with the happiest success. Thus encouraged,

I applied this new method of treatment in every case to which I was called, and I was employed both night and day in visiting cholera patients, and every hour gave me additional proofs of the efficacy of the remedy. My formula was as follows:—

℞ Acetatis Plumbi ʒj.; Opii, gr. j. ℥. fiat secundum artem massa, in pilul. xii. dividenda.

The premonitory diarrhœa has almost invariably stopped by taking one of these pills, at first every hour, and as the stools became less frequent, every third or sixth hour, according to circumstances. When the vomiting, spasms, and the state of collapse had begun, it was necessary to give a pill every quarter of an hour: after a couple of hours the effect of the pills became perceptible, in a diminution of the serous evacuations upwards and downwards; then the pills were given only every hour, and as the symptoms yielded they were given less and less frequently, and could in general be laid aside altogether before twenty-four hours. In some it was found necessary to give the acetate of lead in solution, combined with a little vinegar and minute doses of acetate of morphia. Minute doses of opium were useful; any thing of large doses hurtful. Mr. Parr, the able and respected apothecary of the Meath Hospital, was saved by acetate of lead, after the usual astringents, combined with large doses of opium, had been fully tried. He was found by me to be sensibly under the narcotic influence of opium, but the peculiar symptoms of cholera had not been thereby checked. Many took more than forty grains of the acetate of lead in twenty-four hours; it usually darkened, or even blackened, the alvine discharges, before they ceased altogether. Were I to enumerate all the cases of violent cholera that yielded to this treatment, I would be led into a tedious but not an uninteresting detail; I shall, therefore, merely refer to some of the most malignant cases, where the recovery of the patient was undoubtedly owing to the bold exhibition of acetate of lead, and where the success of this practice was acknowledged by witnesses the most unexceptionable and competent.

Mr. Peile, Deputy Inspector General of Hospitals, and Staff Surgeon Colclough, will not readily forget the apparently hopeless case of an assistant surgeon in the army, whose life was thus saved. Dr. Marsh was so struck with the effects of this medicine in the case of a young gentleman residing in the house of the Rev. Mr. Bermingham, Charlemount Mall, that he did not hesitate to my trying the same remedy in the case of Mr. Kerin, then President of the College of Surgeons, whose case seemed to be desperate. Mr. Maturin, son of the celebrated writer, was attacked in the most violent manner, and, indeed, neither I, Mr. McNamee, nor Mr. King, had any hopes of his recovery; yet he too was saved. Nothing could be more appalling than the state of Mr. Wilson, of Charlemount-street. The effects of the acetate of lead in his case were so striking, that Mr. Mulock immediately adopted the plan of treatment, and he assures me that he has thereby saved a great number of very bad cases. Dr. Davis, surgeon of the 18th, or Royal Irish regiment of foot, witnessed with extreme interest the acetate of lead tried, and tried successfully, in a very bad case at the Richmond barrack. Equally successful results followed the trial of this remedy in the hands of other practitioners, both in Dublin and various towns in Ireland, during the epidemic of 1834.

After I found out the benefits resulting from the employment of acetate of lead, I no longer desponded when called to cases of cholera, knowing that in the great majority of instances the disease would yield. Of course there are cases of cholera which admit of no treatment, and which an experienced eye will at once recognise as fatal; they occur generally among the aged, or the very young, and are fatal in the course of a few hours, often without any premonitory diarrhœa. But this constitutes no valid objection to the practice; for in what disease do not cases occur which baffle all our efforts? Fever, scarlatina, pneumonia, croup, inflammation of the brain, of the bowels, and many other affections, occasionally exhibit a degree of intensity which renders them as intractable, and as speedily destructive, as even the worst cases of cholera. But does this occasional intensity and occasional intractability, of certain cases, lead us to regard the diseases above enumerated as beyond the reach of medicine and the control of the physician? By no means; for although we feel our efforts in the particular cases specified to be unavailing, yet we also feel that where the intensity of these diseases is less, we can save numerous lives that would otherwise be lost; so it is, likewise, with cholera.

I may remark, that since 1834, cases of true Asiatic cholera occur sporadically every now and then in Dublin, as I believe happens also in most large towns in Europe, once visited by this pestilential epidemic. Of these I have lately seen two decided cases; both were likewise visited by Mr. Mansfield. Both were saved; and yet one was so violent as to have reduced a powerful young man to a state apparently hopeless, in the course of three hours.

I cannot conclude without imploring the profession, in every part of the world where cholera prevails, to give my plan of treatment a fair trial, for I feel confident of its efficacy.—*London Medical Gazette*, Oct. 1837.

45. *On Encephalic Irritation.* By M. PIORRY.—“The knowledge of diseases, essentially founded on the anatomy and physiology of man in health and in disease, has made in our days indisputable progress. We have already discovered, in a series of determinate symptoms, the primitive source of the general phenomena which are manifested. We have seen that excitation, irritation, congestion, phlogosis—limited usually to one organ, sometimes to one apparatus, more rarely to one system, and least frequently still to several tissues viewed as a whole—are the local causes of constitutional disturbances. Such an improved etiology has necessarily led to an improved method of treating diseases. We must confess, however, that the success of our treatment has by no means corresponded with our advances in pathological anatomy; and certainly in no disease does this remark hold so true as in the malady to which we have given the name of Infantile encephalic irritation, and which has been by different writers called Hydrocephalus acutus, cerebral Fever of infants, Arachnitis, &c. &c. This very diversity of nomenclature is a sufficient proof that the knowledge of this disease is still very imperfect.

Some writers regard it as an essential febrile affection, usually of an ataxic or malignant type; and hence they have denominated it as infantile cerebral fever, a name which M. Gendrin has of late years wished to restore.

Cullen, as is well known, classed it among his apoplexies; and Pinel treated of it under the head of dropsies, and retained the name of *hydrocephale aiguë*.

The admirable pathological researches of MM. Lallemand, Rostan, and Martinet have shown how very often it is connected with an inflammation of the arachnoid membrane. M. Piorry, however, confesses that he is far from being satisfied with the doctrine of limiting the disease to a morbid state of the arachnoid membrane alone. He remarks, very justly, that the arachnoid membrane does not seem to exercise much influence on the cerebral functions in a state of health, and that it can be, only by its contact with the brain, that it can affect these functions. If arachnitis is accompanied with delirium, this symptom must be attributed only to the sympathetic, perhaps coexistent, irritation of the cerebral substance; if it is attended with spasmodic contractions, disturbance of the sensual perceptions, &c. the real seat of these morbid phenomena is no doubt in the encephalon itself. The old hypothesis of sensibility being in any way resident in the cerebral membranes is now very justly exploded.

We are thus almost forced to the conclusion that the symptoms of the disease, which has been called arachnitis, are mainly attributable to irritation of the encephalon; and here let it be well remembered, that this irritation may be induced by the diseased states of distant organs as well as by those of the investing membranes of the brain itself.

We thus see the error of designating the series of morbid phenomena, which constitute the disease of acute hydrocephalus, by the name of arachnitis.

A child suffers from indigestion and deranged stomach and bowels: severe headache, convulsions, and delirium follow. Are we to suppose that this child has an attack of arachnitis? Certainly not. It would be absurd to suppose that the stomach irradiated the diseased action on the brain through the medium of its envelopes.

The true interpretation of the case is, that an irritation of the encephalon itself has been induced by sympathy with the disturbed stomach and bowels.

Here is an illustrative case.

A child in the Rue St. Honore, four years of age, and habitually robust and plethoric, became suddenly very ill. He was constantly moaning and crying, had occasional strabismus, and at other times a spasmodically fixed state of the eyeballs, convulsive oscillation of the iris, contractions of the limbs, grinding of